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ABSTRACT

The nation's first coordinated, statewide teenage pregnancy prevention and support program, Parents Too Soon (PTS), is an interagency effort which accomplishes its goals through an integrated, cooperative effort and provides critical medical, social, nutritional, educational, and vocational services to male and female youth between 10 and 20 years of age. Clients may be parents, expectant parents, or at risk of becoming parents too soon. During fiscal year 1989, more than 74,132 teens were reached through direct services and 135,046 received community education. This report describes the PTS program in terms of goals, achievements, organizational issues, services, results, and future directions. (RH)

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PARENTS TOO SOON: ILLINOIS' RESPONSE TO CHILDREN HAVING CHILDREN

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INTRODUCTION:

Parents Too Soon (PTS) is the nation's first coordinated, statewide assault on the complex problem of children having children. In 1983, recognizing the severity and complexity of the teenage pregnancy crisis, Illinois Governor James R. Thompson initiated Parents Too Soon. It was a bold step, the first in the nation, to institute a statewide program dealing with the issues of teenage pregnancy, adolescent childbearing, and teen parenting.

It wasn't that no organizations in Illinois were dealing with teen pregnancy prior to 1983, but rather that many organizations were dealing with parts of the teen pregnancy problem. The resultant patchwork of service and policy left cracks through which all too many teen parents and their children slipped.

Since its inception in 1983, the PTS Initiative has become a national model. Illinois' commitment of $19.8 million in taxpayers dollars during this current fiscal year makes this the most generously supported state initiative of its kind in the United States.

PROGRAM GOALS:

PTS is an interagency effort which intervenes with critical medical and social services to discourage teenage pregnancy; to insure the physical and emotional health of pregnant teens and the infants and young children of teens; to encourage pregnant teenagers and adolescent parents to remain in school; to improve teen parents job opportunities; and to mitigate economic dependency. Parents Too Soon is designed to help adolescent parents surmount the overwhelming odds they face and become good effective parents and to contribute rather than be dependent members of society.

The goals of PTS are:

- to reduce the incidence of teen pregnancy;
- to reduce the health risks associated with adolescent childbearing;
- to assist teens to adapt to the responsibilities of parenthood.

These goals are accomplished through an integrated, cooperative effort which provides critical medical, social, nutritional, educational and vocational services to male and female teens between the ages of 10 and 20. Clients may already be parents, expectant parents or those at risk of becoming parents. During fiscal year '89 more than 74,132 teens were reached with direct services and 135,046 received community education.

ACHIEVEMENTS:

In 1987, the Parents Too Soon Initiative won the prestigious "Innovations In State and Local Government" award from Harvard University's John F. Kennedy School of Government and the Ford Foundation.

Where Parents Too Soon programs exist, the Initiative has been successful in meeting its overall goals. The PTS Comprehensive Projects have been very successful in meeting their objectives of reducing low birth weight, infant mortality and reducing the number of teen births.

The Mile Square Health Center-PTS's low birthweight rate has decreased from 14.2% in 1984 to 5.3% in 1988 while the low birthweight rate for the community areas the project served has only decreased from 13% to 12.7%. The Southern Seven Health Department-PTS program's low-birthweight rate has decreased from 10.8% in 1984 to 4.5% in 1988, while the statistics for the seven-county area dropped from 15.6% in 1984 to 8% in 1988.

The apparent trend of no or very few infant deaths is equally impressive. As an example, at the Southern Seven Health Department (SSHD)-PTS project, there had been no infant deaths from 1984 through 1986. Unfortunately, the number of infant deaths is so small that we are unable to make significant statistical comparisons at this point.

In the Southern Seven Illinois counties, the number of teen births has declined by 27% between 1984-88 due to intensive PTS outreach activities, media efforts and health education in the junior and senior high schools in the seven-county area.

A study of repeat pregnancy reduction among Comprehensive Project participants who gave birth in 1986 indicated that only 11% of project participants had had a repeat birth over the two years (when matched to data from Vital Records). This is significantly lower than the national average of 33% after two years.

There are definitely monetary savings to be gained by preventive programs to reduce the number of low birthweight babies as well. One respected study by The National Commission to Prevent Infant Mortality in their report "Death Before Life: The Tragedy of Infant Mortality" published in August 1988 found that:

> "Every low birthweight birth that could be averted would save the U.S. health care system between $14,000 to $30,000" (page 6).

The Commission concluded that every dollar spent in front-end prenatal care would save three dollars in care for low birthweight babies (page 16).

Two of the PTS Comprehensive Projects illustrate how significant these savings can be.

Mile Square Health Center in Chicago served a poor, disadvantaged minority community. In 1986, among teen births in the Mile Square catchment area not in the Parents Too Soon demonstration program low birthweights averaged 15.1% of adolescent births. Among teens in the PTS program, low birthweights were only 8.9%. This equates to 19 fewer low birthweight births to teens, and a profited savings between $266,000 to $570,000 to the State of Illinois.

In 1987, the results were similar. In the Mile Square catchment area, low birthweight among non-PTS teens was 16.1%, while for those in the program, 7.9%. This also equated to 19 fewer low birthweight births and a savings of $266,000 to $570,000 to our State. Using an average of the savings figure, the dollars saved in improved low-birthweight outcomes is greater than the cost of the entire projects.

This success story in an urban/minority community was duplicated by the Southern Seven demonstration project serving the rural southern most seven counties in Illinois where health care delivery resources are sparse.

In 1986 in the Southern Seven catchment area, teens not in the PTS programs averaged 10.3% in low birthweight births compared to the 6.0% of low birthweight births to PTS teens. This pattern repeated itself in 1987 when the low birthweight for teens not in the program were 9.8% compared to a remarkable 1.5% (1 in 65) for the PTS teens. Based on the number of births, the annual reduction in low birthweight teen babies would have been five with an estimated savings of $70,000 to 150,000 per year.

ORGANIZATION ISSUES:

Two organizational decisions were initiated from the very start of the Parents Too Soon Initiative which have proved vital to its success:

1. The first organizational decision was the determination that Parents Too Soon would be the state organization to address the issue of teen pregnancy and coordinate policy and activities. Although funding flows through three state agencies--Public Health, Public Aid and Children and Family Services--the Initiative operates under the direction of the Governor and the Human Services Subcabinet, composed of the Directors of the State's Human Services Agencies. As stipulated in an interagency agreement, the Directors of the three lead agencies (the Illinois Department of Public Health, Public Aid and Children and Family Services) meet quarterly to oversee PTS direction and set policy. Each agency assumes a portion of the Initiative's responsibilities: all three share in its management. Staff is allocated among the three Departments and meet quarterly with the three agency directors who rotate the chairmanship of this management group.

   Coordination at this top level facilitates coordination efforts as they move down the hierarchy. The Parents Too Soon Program Coordinator, an employee of Public Health, coordinates services among the state agencies and reports to the three agency directors. The coordinator also serves as a liaison between Department efforts; trouble-shooting problems as they occur. Parents Too Soon also coordinates the teen pregnancy efforts of seven other state agencies. These agencies are the Departments of Mental Health and Developmental Disabilities, Alcohol and Substance Abuse, Commerce and Community Affairs, Employment Security, the State Board of Education, the Division of Services

for Crippled Children, and the Governor's Planning Council on Developmental Disabilities.

2. The second organizational decision was the deliberate determination that local, community-based service groups would be the focus and heart of Parents Too Soon. These local groups, now number 125 and range from Catholic Charities to Planned Parenthood, from local health departments to hospitals, and from public schools to social service and mental health agencies. Also included in that number are the agencies funded by Parents Too Soon through the public/private partnership known as the Ounce of Prevention Fund, to be addressed in more detail later.

   Parents Too Soon provides policy direction, guides program development and serves as the funding source while local community organizations design and operate programs to suit their local needs and resources.

   The joint oversight approach extends to the community level as well. Collaboration among local agencies is required. In order to receive Parents Too Soon funding, local agencies must provide letters of agreement with appropriate agencies in their communities. They must agree to formally refer participants among themselves, and they are strongly encouraged to collaboratively plan activities.

   The entire approach--at both the state and local level--is unique and creative. It allows the three state agencies that provide funding, the other seven state agencies, and individual local community organizations to pool resources and talents towards one common goal--a better future for the children of Illinois.

PARENTS TOO SOON SERVICES:

Because the problem of teen pregnancy is complex and the needs of teens are multiple, the state's approach to solving the problem is multi-faceted. The services Parents Too Soon programs offer are varied; some provide direct services, others focus on primary and secondary prevention, many offer a combination of all three. For others, PTS provides a focus which alerts existing service providers to the needs of the special population. A variety of services are encompassed in the spectrum of PTS help: prenatal care, nutrition counseling, parenting training, family planning--including the teaching of abstinence--day care, vocational training, assistance in finishing high school, development of job readiness skills, drug or alcohol counseling, home visitors, advocacy, tutorial services, sports, transportation and other support services.

Local programs make Parents Too Soon services available in about 75 percent of Illinois' 102 counties and in all areas of high population density. Service sites were selected after extensive demographic analysis and are concentrated in communities with high rates of teen pregnancy, infant mortality, and unemployment.

Direct services are provided through contracts with local agencies including local health departments, hospitals, WIC providers, local school districts, church groups, community-based health and social service organizations, mental health centers and YMCAs. All agencies are encouraged to work cooperatively with all other adolescent service providers in their locale whether or not they are PTS funded agencies. The underlying philosophy of the Parents Too Soon Initiative is that teenagers are served best when services are coordinated and when those services are specifically targeted to their needs. Following is a sampling of some of the projects Parents Too Soon funds for pregnant and parenting teens.

- Comprehensive Projects: These projects are targeted toward males and females (and their infants) between the ages of ten and twenty who are parents or at the risk of becoming parents. Services include: prenatal care, postnatal care, perinatal care, family planning, WIC, health and nutritional education, sexually transmitted disease screening and treatment, substance abuse, teen parent activities, day care for infants and children of teens, transportation, family life and sex education including the teaching of abstinence, monitoring abuse and neglect, accessing community resources, child development and parent education, home visiting, educational and vocational programs, employment placement, consumer education, dental screening and care, well baby care including developmental assessment and advocacy. All services are provided with a strong case management component. Comprehensive services and case management are crucial to the successes of these projects.

- Male Responsibility Programs provide prevention services geared toward ten to fourteen year old males. Services include health and sexuality education, social development and education/employment training. The programs improve decision-making skills and enhance self-esteem. This program served 2,439 males in FY'89.

- The Education and Employment Projects use a case management system to link agencies to provide social services and/or support services to AFDC eligible teens to programs that provide education and job training.

- The Illinois Department of Public Aid--PTS funds programs which are designed to increase the economic self sufficiency of young teen moms who are AFDC parents, through increased education and employment training. More information about these programs will be provided to you by Ms. Denise Simon who will be testifying on behalf of the Illinois Department of Public Aid.

- The Illinois Department of Children and Family Services--PTS utilizes the services of The Ounce of Prevention Fund (OPF) to administer its portion of the Parents Too Soon Initiative. The Ounce of Prevention Fund represents the public/private partnership segment of Parents Too Soon. The "Ounce" was begun in 1982 by the Pittway Corporation Charitable Foundation and the Department of

Children and Family Services to promote healthy family functioning and to reduce child abuse and neglect. With the advent of Parents Too Soon, the "Ounce" was the obvious linkage to parenting programming and to cooperation with the private sector. The OPF subcontracts with local community agencies to carry out its portion of the PTS Initiative's mission. The Ounce of Prevention Fund programs help prevent family problems that can result in child abuse, neglect, infant mortality, delayed development in children and repeated cycles of teenage pregnancy.

- Parents Too Soon has a confidential, statewide hotline that refers callers to services in their local communities. It operates seven days a week. The hotline expedites linking vital medical, social, educational and vocational services to callers. It also serves to replace misinformation with information. During the first six months of this calendar year, the Hotline received 5,651 calls.

- In the area of public awareness, Parents Too Soon also funds a variety of media campaigns which are designed to increase the awareness of teenage pregnancy and to encourage teens and parents in the community to talk about the problem of teen pregnancy. Through recent PTS media efforts, the hotline has received an increasing number of calls from parents, teachers and counselors.

- Finally, Parents Too Soon funds a Subsequent Pregnancy Project which is designed to address the issue of and look at the root causes of rapid repeat pregnancies.

RESULTS:

Unprecedented collaboration and an extraordinary working relationship between three state agencies, the Governor's Office and the local community has made Parents Too Soon an innovative program. Collaboration is the key to our success: this approach is the most realistic hope we have for reducing the problem of teenage pregnancy.

The pregnancy outcomes for both teen mother and child are clearly improved for Parents Too Soon program participants. Outreach, comprehensive services tailored to the needs of adolescents and a strong case management system for service delivery have been the crucial components to the success of the Comprehensive Projects. As illustrated earlier, these programs have saved the State of Illinois millions of dollars in health care costs by improving the birth outcomes of pregnant adolescents. Even more dollars are saved when one considers the social and economic costs of unhealthy infants born to adolescent mothers who have received no parenting training and/or educational, vocational training.

The Comprehensive Projects, our media campaigns and the Hotline have received national attention. Many states have replicated portions of the Parents Too Soon program. As mentioned earlier, Parents Too Soon received national recognition when it won the esteemed "Innovations in State and Local Government" Award along with a $100,000 grant from Harvard University and the Ford Foundation.

Parents Too Soon is in its eighth year of operation. Initially, Parents Too Soon provided primarily medical and social services to pregnant and parenting teens. Increasingly, the Initiative has concentrated on primary and secondary prevention. As Parents Too Soon becomes more institutionalized, it is evident that the need for comprehensive services continues. It is also increasingly evident that to truly have an impact on adolescent pregnancy we need strong coordination efforts at both the state and local levels. We also need the strong support of the federal government for collaborative efforts.

FUTURE DIRECTIONS:

In the next few years, program efforts designed to help teen parents will move increasingly in the direction of primary prevention: more educational programs in the schools, and more alternative education programs, more community coalitions, more male responsibility programs, more efforts to build life options for young people, improved access to medical care, quality infant day care, early childhood education and promotion of critical thinking skills.

Finally, more funding for evaluation of teen pregnancy prevention programs is needed now that we have had a variety of programs in operation around the country. Prevention efforts need to begin in early childhood and during prenatal care--or earlier--for expectant parents so that our children have the opportunity to become "the best that they can be."

To share some concluding thoughts with you:

We're seeing a difference in Illinois. There are marked improvements in the health and outlook of our Parents Too Soon teen-parent families. We are seeing fewer repeat pregnancies. Birth weights of the infants of program participants are higher than their community averages. More are completing their education and training programs. More are finding work and ending welfare dependency. Their infants are healthier, more verbal, and more curious than the children of nonparticipants in similar environments.

We in Illinois are proud of the accomplishments of our Parents Too Soon Initiative; we are committed to continued improvement. We've come a long way: we still have a long way to go. But we believe this issue to be among the State's highest human services priorities. Our children are at stake: nothing should deter us from our commitment to improve their health and lifetime opportunities. As Governor Thompson so eloquently said in his last inaugural address, "Chances are, if we lose the child, we lose the adult--to mental institutions, penitentiaries, crime, poverty and ignorance." Our goal is to win the child. Thank you.

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